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Fill	in this information to identify your c	ase:							
	otor 1 Ralph A Day								
	otor 2 use, if filing)								
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY						
	se number <u>1:15-bk-28859</u>		-			Check if this is:			
								ving post-petition of following date:	
0	fficial Form B 6I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/13
Par	use. If you are separated and you ch a separate sheet to this form.  t 1: Describe Employment	r spouse is not filing wi On the top of any additi	ith you, do not inclu onal pages, write yo	de inforr ur name	natio and	on about your spo case number (if	ouse. If I known).	more space is . Answer every	needed, question.
1.	Fill in your employment information.	Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Constant atotus	■ Employed			☐ Empl	☐ Employed		
		Employment status	☐ Not employed			☐ Not e	☐ Not employed		
	Include part-time, seasonal, or	Occupation  Employer's name	Machine Operat			ALLEANANDA			
	self-employed work.		Seviroli Foods, Inc.  35 Garden Street Garden City, NY 11530			· · · · · · · · · · · · · · · · · · ·			
	Occupation may include student or homemaker, if it applies.	Employer's address				<del></del>			
		How long employed to	here? UNKNO	WN					
Day	t 2: Give Details About Mor					******			
Esti	mate monthly income as of the dause unless you are separated.		you have nothing to re	eport for	any li	ine, write \$0 in the	space.	Include your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	mplo	yers for that perso	n on the	e lines below. If	you need
						For Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,782.26	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$ .	0.00	+\$	N/A	
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	2,782.26	\$_	N/A	

Official Form B 61 Schedule 1: Your Income page 1

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Debtor 1		Ralph A Davis		Case number (if known)		1:15-bk-28859			
	Cor	by line 4 here	4.	For	Debtor 1 2,782.26		ntor 2 or ng spouse N/A		
5.		-							
5.	5a. 5b.	all payroll deductions:  Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$	487.63 278.24	\$ \$	N/A N/A		
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$ \$	0.00 0.00	\$ \$	N/A N/A		
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$ \$	95.33	\$	N/A N/A		
	5g. 5h.	Union dues Other deductions. Specify: Wage Garnishment -BANKRUPTCY	5g. _ 5h.+ _	· ·	-TOO.MO	+ \$	N/A N/A		
6.		i the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,299.43	\$	N/A		
7. 8.		culate total monthly take-home pay. Subtract line 6 from line 4.  all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	7.	\$ <u>·</u>	1,482.83	\$	N/A		
		monthly net income.	8a.	\$	0.00	\$	N/A		
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	\$	0.00	\$	N/A		
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$_ \$	0.00	\$ 	N/A		
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.	* \$	0.00	Ψ \$	N/A		
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A		
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	,482.83 + \$	N	I/A = \$ 1,482.83		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> lies				ı. if it	12. \$1,482.83		
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?				monthly income		
		Yes. Explain:							

Official Form B 6I

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	in this informa	ation to identify yo	our case:					
Deb	tor 1	Ralph A Dav	ris			Chec	k if this is:	
							An amended filing	
1	itor 2							ving post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	are rollowing date.
Unit	ed States Bank	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY		-	MM / DD / YYYY	***************************************
1	e number 1	:15-bk-28859					A separate filing for 2 maintains a sepa	r Debtor 2 because Debtor rate household
	fficial Ec	orm B 6J						
			_ Evnor					40440
		J: Your			o filing together had	lh ara sau	ally roonanaihla fa	12/13
info	ormation. If n		eded, atta	. If two married people ar uch another sheet to this n.				
Par		ribe Your House	∍hold					
1.	is this a joi	nt case?						
	No. Go t	o line 2.						
	☐ Yes. Do	es Debtor 2 live	in a separ	ate household?				
			. 64					
	ЦY	es. Debtor 2 mus	st file a sep	parate Schedule J.				
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	' names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
2	Davisina	nanas inaliida	_	•				☐ Yes
3.	expenses of	penses include of people other t od your depende	han <sub>m</sub>	No Yes				
Par		nate Your Ongoi						
exp	imate your e enses as of dicable date.	a date after the	our bankr bankrupto	uptcy filing date unless y y is filed. If this is a supp	ou are using this for elemental Schedule	rm as a su J, check th	pplement in a Cha ne box at the top o	pter 13 case to report f the form and fill in the
•			non-cach	government assistance i	f vou know	44A		
the		h assistance an		cluded it on <i>Schedule I:</i> Y			Your exp	enses
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.				4. \$	;	464.00	
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a. \$	3	0.00
	4b. Prope	erty, homeowner's	s, or renter	r's insurance		4b. \$		0.00
			•	upkeep expenses		4c. \$		0.00
		eowner's associa				4d. \$		0.00
5	Additional	mortgage paym	ents for w	our residence, such as ho	me equity loans	5. \$		0.00

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Debtor 1	Ralph A Davis	Case number (	(if known)	1:15-bk-28859
6. Utili	ties:			
6a.	Electricity, heat, natural gas	6a. \$		250.00
6b.	Water, sewer, garbage collection	6b. \$		48.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$		0.00
6d.	Other. Specify: CELL PHONE	6d. \$		50.00
	d and housekeeping supplies	7. \$		172,00
	dcare and children's education costs	8. \$		0.00
		9. \$		0.00
	hing, laundry, and dry cleaning	10. \$		
	sonal care products and services	·		0.00
	lical and dental expenses	11. \$		62.79
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$		5.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$		0.00
	ritable contributions and religious donations	14. \$		0.00
5. Insu		ι ι. ψ		0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a. \$		0.00
	Health insurance	15b. \$		0.00
	Vehicle insurance	15c. \$		0.00
	Other insurance. Specify:	15d. \$		0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	ισα. ψ		0.00
o. Taxi Spe		16. \$		0.00
-	allment or lease payments:	<del></del>		
	Car payments for Vehicle 1	17a, \$		0.00
	Car payments for Vehicle 2	17b. \$		0.00
	Other. Specify: Wells Fargo #1-Debt Consolidation	17c. \$		256.00
	Other, Specify:	17d. \$		0.00
	r payments of alimony, maintenance, and support that you did not report as	· · · · · ·		0.00
o. Tou ded	ucted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$		0.00
9. Oth	er payments you make to support others who do not live with you.	\$		0.00
Spe		19		·····
	er real property expenses not included in lines 4 or 5 of this form or on School		Income.	
	Mortgages on other property	20a. \$		0.00
	Real estate taxes	20b. \$	*	0.00
	Property, homeowner's, or renter's insurance	20c. \$		0,00
	Maintenance, repair, and upkeep expenses	20d. \$		0.00
	Homeowner's association or condominium dues	20e. \$		0.00
	er: Specify:	21. +\$		0.00
i. Otti	er. Opeony.	<u></u>		0.00
2. You	r monthly expenses. Add lines 4 through 21.	22.	\$	1,307.79
The	result is your monthly expenses.			
	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a, \$		1,482.83
	Copy your monthly expenses from line 22 above.	23b\$		1,307.79
		[		
23c.	Subtract your monthly expenses from your monthly income.	_		475.04
	The result is your monthly net income.	23c. \$		175.04
For e modi	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?	ou file this for r mortgage payn	rm? nent to incre	ase or decrease because of a
<b>I</b>				
□Y	'es.			
Expl				